STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Kathy	Corey Fox		
II. Name of lobbyist's partnership.	firm or corporation, if any:		
Bianco Professional Ass	sociation		
(Name of partnership	o, firm or corporation)		
18 Centre Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603 <u>225-7170</u> (Telephone)	(603) <u>226-0165</u> (Fax)	e-mail kcoreyf	ox@biancopa.com
III. This statement covers: (Choose reportable expense transactions w	e one – file separate reports fo hich are not attributable to an	r each client, OR you ma y one client).	y file a separate report for
☐ All reportable transactions occur	ring in the months prior to the re	eporting date relative to th	e following client:
(Full Name of	Client as it appears on the Lobbyis	st Registration Form)	
M All reportable transactions by the unrelated to any particular client.	lobbyist (including the lobbyist	t's family), or the lobbying	g firm listed below which are
IV. Date of Report April 26, 20 Reports cover: activity from date of) 17	July 26, 2017	
October 25. activity from 7/		January 31, 2018 🛱 activity from 10/1/17 to 12/31.	/17
V. There have been no fees reco If this box is checked, complete just Concord, NH 03301.	vived and no reportable tra this form and submit it to the Se	nsactions made since t cretary of State's Office, S	he last report. State House, Room 204,
VI. Check if additional reports are	e attached:		
☐ If you have received fees or made	de expenditures, you must file A		
☐ If you have paid an honorarium Expense Reimbursement			
If you, your firm, or your family	has made political contribution	ns, you must file Addendu	m C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my know	A 14-C and RSA 664 and hereb		
(Signature of Kobbyist)		01/24/20 (Da	2/8
(Signature of Kobbyist) Kathy Corey Fox		(Da	RECEIVE
(Print Name of Johnvist)			

JAN 3 0 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

II. Name of lobbyist's pa	ertnership, firm or cor	poration, if any:	
	essional Association		
(Name of pa	artnership, firm or corporation)		
III. Name of Client			Date 01/24/2018
III. Name of Cheff			
Political Contributions			
			ter 664 paid on behalf of the
client/lobbyist and lobby	ing firm, indicate the to	llowing:	
Full name of candidate:	Friends of Regina I		
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	50.00	Office Candidate i	s Seeking Senate
			<u> </u>
		ve for amount of contribu	ution. If the actual cost is not kno
enter an estimated value and			ution. If the actual cost is not known
enter an estimated value and	d the word "estimate."		
enter an estimated value and	d the word "estimate."		(Middle Name/Initial)
enter an estimated value and	d the word "estimate." (Last Name)	(First Name)	
Full name of candidate: Amount of contribution \$ _	(Last Name) kind contribution, provide ontribution on the line abo	(First Name) a description of the good	
Full name of candidate: Amount of contribution \$ _ If the contribution is an in-lactual cost of the in-kind co	(Last Name) kind contribution, provide ontribution on the line abo	(First Name) a description of the good	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ _ If the contribution is an in-lactual cost of the in-kind co	(Last Name) kind contribution, provide ontribution on the line abo	(First Name) a description of the good	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ _ If the contribution is an in-lactual cost of the in-kind co	(Last Name) kind contribution, provide ontribution on the line abo	(First Name) a description of the good	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ _ If the contribution is an in-lactual cost of the in-kind co	(Last Name) kind contribution, provide ontribution on the line abo	(First Name) a description of the good	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ _ If the contribution is an in-lactual cost of the in-kind co	(Last Name) (Last Name) kind contribution, provide ontribution on the line abod the word "estimate."	(First Name) a description of the good we for amount of contrib	(Middle Name/Initial) ds or services provided, and enter ution. If the actual cost is not known.
Full name of candidate: Amount of contribution \$ _ If the contribution is an in- actual cost of the in-kind co	(Last Name) kind contribution, provide ontribution on the line abo	(First Name) a description of the good	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of actual cost of the in-kind contribution on the line above for amount of	
enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions of	n separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear is true and complete to the best of my knowledge and belief.	or affirm that the foregoing information
Harry Creen Les	01/24/2018
(Signature of lobbyist)	(Date)
Kathy Corey Fox	
(Print Name of lobbyist)	